

DEPARTMENT OF HEALTH SERVICES

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CMSP Letter No.: 99-11
Issue Date: September 8, 1999

TO: All County Medical Services Program (CMSP) County Welfare Directors

SUBJECT: Changes to CMSP Eligibility Manual: Face-To-Face Interviews at Redetermination, and Aid Code 53

Ref. CMSP Letter 99-7, Medi-Cal All County Welfare Directors Letter 99-36

The purpose of this letter is to transmit recent changes to CMSP eligibility rules. On August 25, 1999, the CMSP Governing Board's Eligibility Committee voted to make the face-to-face interview at the annual redetermination an optional requirement rather than mandatory. Effective September 1, 1999, counties may exercise the option to have mail-in redeterminations instead of a face-to-face interview. However, all statement of facts and the CMSP 219 must be updated, signed and dated. Use of the MC210RV for CMSP redeterminations is not authorized. Counties must still use the MC210 or SAWS2 forms for this activity. The CMSP Eligibility Manual Sections 3-020 and 3-038 (c) have been revised to reflect this change.

Additionally, Manual Section 3-016 (CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care) has been modified to clarify CMSP policy that there is no length of stay requirement for an individual to receive aid code 53. The CMSP does not require an individual to reside in an LTC facility for a 30 day minimum to qualify for LTC status.

Enclosed with this letter are the revised CMSP Eligibility Manual pages which reflect these changes. Counties must reproduce a sufficient number to update the 1999 CMSP Eligibility Manual which was recently released.

Filing Instructions**Remove Pages**

3-1, 3-2
3-3, 3-4
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Insert Pages

3-1, 3-2
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If you have any questions concerning these changes, please direct them to Mr. Gary Varner, in the CMSP Unit, at (916) 322-1613.

A handwritten signature in cursive script that reads 'Linda McFarland'.

Linda McFarland, Chief
County Medical Services Program

Enclosures

cc: See next page.

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cc: Mr. Gary Varner
County Medical Services Program
Office of County Health Services
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Article 3. Application Process

3-010. County Medical Services Program (CMSP)

For purposes of this section, persons are considered 21 years of age on the first day of the month following the month in which they reach age 21. Persons are considered 65 years of age on the first day of the month in which they reach age 65. A person's eligibility under CMSP shall be determined if that person:

- (a) Is at least 21 years of age but less than 65 years and any of the following
 - (1) A person who cannot meet the linkage factors necessary to be eligible for the Medi-Cal program.
 - (2) Not yet determined eligible for Medi-Cal as a PA or Other PA recipient or as an MN person because of a pending application based on allegations of blindness or disability.
- (b) Meets the other eligibility requirements specified in this manual

3-011. Application Process-General

The county department shall receive and act upon all applications, reapplications, requests for restoration and redeterminations without delay and in accordance with the provisions of this article.

3-012. Evaluation of Medi-Cal Linkage

The county department shall evaluate potential Medi-Cal linkage by completing a CMSP Medi-Cal Evaluation linkage form, CMSP 1153, on each applicant.

3-013. Persons Who May File an Application for CMSP

Any person who wishes to receive CMSP may file an application. If the applicant, for any reason, is unable to apply on his/her own behalf, or is deceased, any of the following may complete and file the application for the applicant:

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- (a) The applicant's spouse, guardian, conservator or executor.
- (b) A person who knows of the applicant's need to apply.
- (c) A public agency representative.

The case record must clearly specify why anyone other than a spouse has applied for the applicant

3-014. Application for CMSP

A person or family applying for CMSP shall submit a completed application form to the county department.

3-015. Application for Retroactive CMSP

A person or family applying for retroactive CMSP shall:

Submit a completed application form to the county department

Request retroactive coverage in one of the following ways if the request for retroactive CMSP is made in conjunction with, or after, an application for CMSP:

- (1) On the application form.
- (2) On the Statement of Facts.
- (3) By submitting a written request.
- (c) An application for retroactive coverage pursuant to (b) must be submitted within one year of the month for which retroactive coverage is requested.

3-016. CMSP Application for Medi-Cal LTC Aid Code 53, Acute Care

A person eligible for Medi-Cal under aid code 53, which only covers Skilled Nursing Facility or Intermediate Care Facility (SNF or ICF) services, may also receive full-scope CMSP benefits under aid code 8F to cover any acute care services. There is no LTC length of stay requirement to receive a 53 aid code. If the person has a SOC under aid code 53 he/she will have the same SOC under aid code 8F. The applicant must complete and sign the following forms:

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- (a) CMSP 210
- (b) CMSP 219
- (c) CMSP 13

3-017. CMSP Application for County General Assistance(GA)/General Relief (GR) Recipients

The county may follow an abbreviated CMSP eligibility process for recipients of county GA/GR payments who request medical assistance. GA/GR eligibility shall serve as verification of CMSP eligibility until GA/GR eligibility is terminated. Such applicants must sign and complete the following forms:

- (a) CMSP 13
- (b) CMSP 210
- (c) CMSP 219
- (d) CMSP 1153

3-018. Date of Application

The date of application for CMSP shall be the date the completed application is received by the county department.

3-019. Withdrawal of Application--Request for Discontinuance

An applicant or beneficiary may withdraw or request discontinuance at any time. The county shall note such a request in the case file. If a written request is not submitted by the applicant or beneficiary, the county shall issue a Notice of Action (NOA) which indicates that the action is being taken to withdraw the application or discontinue benefits and that the applicant/beneficiary must contact the county to indicate if they desire that the application process or eligibility continue.

3-020. Face-To-Face Interview

A face-to-face interview with the applicant, or the person completing the Statement of Facts, shall be required at the time of application, reapplication, or restoration. Additionally, it may be required at the time of redetermination. The interview:

Shall be completed within 30 days of the date of the application or reapplication.

Shall not be required for persons who have a government representative, such as a public guardian, acting on their behalf.

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- (c) Shall be conducted by a representative of the county department unless, for good reason, a direct interview between the county department and the applicant/beneficiary or the person completing the Statement of Facts is not possible. In such a situation, the interview may be conducted by another public agency acting on behalf of the county department.
- (d) Shall include the completion and explanation of the contents of the beneficiary rights and responsibilities form, CMSP 219. The representative of the Agency conducting the interview is responsible for meeting this requirement.

3-021. Statement of Facts

Following completion and submission of the application form, a Statement of Facts (MC210/SAWS2 or other approved form) shall be completed, signed, and filed with the county department. A person applying for CMSP and requesting retroactive coverage shall complete the Statement of Facts for the retroactive month. The Statement of Facts shall be used by the county department in the determination of the applicant's eligibility, share of cost and other health coverage.

3-022. Persons Who May Complete and Sign the Statement of Facts

The applicant or spouse of the applicant shall complete and sign the Statement of Facts, unless:

The applicant has a conservator, guardian, or executor. In this case, the conservator, guardian or executor shall complete and sign the Statement of Facts.

The applicant is incompetent, in a comatose condition or suffering from amnesia, and there is no spouse, conservator, guardian or executor. In this case:

- 1) The county department shall evaluate the applicant's circumstances and determine whether or not there is a need for protective services.
 - (A) If the county department determines that there is a need for protective services, it shall make a referral to the public guardian or adult protective services (APS) division. The public guardian or APS social worker may complete and sign the Statement of Facts.

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If there are persons under 21 years of age in the family, Provide an informational pamphlet on the CHDP which describes the CHDP benefits available, and how and where the benefits are provided in the county.

- || (c) A face-to-face interview is optional at the time of redetermination for all CFBUs.

3-039. Status Reports

The county department shall require the completion of a Status Report at monthly or quarterly intervals. Individuals receiving Medi-Cal aid code 53 (long term care) and companion CMSP code 8F are exempt from status reports as long as they maintain LTC status.

3-040. Case Records and Confidentiality

The county department shall retain case records and insure confidentiality.

- (a) The county department shall adhere to the requirements in Division 19 and 23, Manual of Policies and Procedures, Department of Social Services, governing:

Maintenance of case records.

Confidentiality of case records.

- (3) Safeguarding federal tax information

Access to case records.

- (b) The board of supervisors of a county may authorize the destruction of:

Narrative portions of a case record which are over three years old in any case file, active or inactive, after an audit by the county department.

- (2) Case files which have remained inactive for a period of three years providing the Department has not notified the county department that unresolved issues or pending civil or criminal actions exist.

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- (3) Fiscal records which are over three years old from the date that the county department has submitted the last CMSP expenditure report to the Department.
- (4) Budget records which are over three and one-half years old from the date of the last budget month document.